



APPLICATION FOR EXAMINATION FOR ESTHETICIAN OR ELECTROLOGIST

State Form 45244 (R5 / 7-01)

Approved by State Board of Accounts 2001

INDIANA PROFESSIONAL LICENSING AGENCY
302 West Washington Street, Room E034
Indianapolis, Indiana 46204-2700
(317) 232-2980

INSTRUCTIONS: Submit examination fee with application. CANDIDATES SHALL BE ADVISED OF
LICENSE FEE WITH NOTIFICATION OF PASSING THE EXAMINATION.

ATTACH A PHOTOGRAPH.

Examination Fee: \$25.00

(Please check one)	<input type="checkbox"/> ESTHETICIAN <input type="checkbox"/> ELECTROLOGIST	Social Security number *	* Social Security number is requested by this agency in accordance with IC 4-1-8-1, and is mandatory that it be given. Social Security numbers are available to the Indiana Department of Revenue.
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PART A: IDENTIFYING INFORMATION (to be completed by applicant)

Name of applicant (first, middle initial, last)		Age
Maiden name	Date of birth (month, day, year)	Telephone number ()
Permanent mailing address (number and street, city, state, ZIP code)		
County	Cosmetologist license number (Electrologist applicants may list their Esthetician license number)	Expiration date

PART B: PRELIMINARY EDUCATION

Circle the number of years completed: 1 2 3 4 5 6 7 8 9 10 11 12	Received GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date received
Name of grade school:		
Address (number and street, city, state, ZIP code)		
Dates attended: (months, years)		Graduated:
Name of high school:		
Address (number and street, city, state, ZIP code)		
Dates attended: (months, years)		Graduated:

PART C: STATEMENT / NOTARY CERTIFICATE

Have you ever committed an act for which you could be disciplined under IC 25-8-14? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If the answer is Yes, please describe the act on a separate sheet and attach to this application.		
NOTARY CERTIFICATE (SWORN OATH)		
I certify that I personally completed this application and that the answers appearing hereon are true and correct to the best of my knowledge and belief. I understand that providing fraudulent information may be grounds for refusal to issue the license for which I am applying or for disciplinary action against the license which may be issued.		
STATE OF _____ } COUNTY OF _____ } SS: Subscribed and sworn to before me on this _____ day of _____, _____.		
Signature of applicant		Signature of Notary Public
Printed or typed name of applicant		Printed or typed name of Notary Public
Date subscribed and sworn to Notary Public	County of residence	Date commission expires

(Continued on the reverse side)

THIS SIDE TO BE COMPLETED BY COSMETOLOGY SCHOOL

PART D: TRANSCRIPT OF TRAINING (ESTHETICIAN)

HOURS	TRAINING	HOURS	TRAINING
	Chemistry of skin care		Safety precautions
	Physiology and dermatology		Professional and personality development
	Bacteriology, sterilization and sanitation		Management
	Introduction / Operation to skin care machinery		Salemanship and marketing
	Skin care		State law and rules
	Makeup		Testing evaluation
	Eyebrow and lashes		Discretionary hours
	Hair removal		
TOTAL HOURS	Signature of school official		

PART E: PROGRESS REPORT (ACTUAL PRACTICE) ESTHETICIAN

HOURS	ACTUAL PRACTICE	HOURS	ACTUAL PRACTICE
	Chemistry of skin care		Eyebrow and lashes
	Physiology and dermatology		Hair removal
	Bacteriology, sterilization and sanitation		Safety precautions
	Introduction / Operation to skin care machinery		Testing evaluation
	Introduction to skin care		Salemanship and marketing
	Skin care		Discretionary hours
	Makeup		
TOTAL HOURS	Signature of school official		

PART F: TRANSCRIPT OF TRAINING (ELECTROLOGISTS)

HOURS	TRAINING	HOURS	TRAINING
	Applied anatomy		Patron protection
	Applied electrolysis		Sanitation
TOTAL HOURS	Signature of school official		

PART G: PROGRESS REPORT (ACTUAL PRACTICE) ELECTROLOGY

HOURS	ACTUAL PRACTICE	HOURS	ACTUAL PRACTICE
	Applied electrolysis		Sanitation
TOTAL HOURS	Signature of school official		

PART H: STUDENT INFORMATION

Name of student		Enrolled in training for:	
Dates attended (month, day, year)		Total credit hours earned	Course completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
From:	To:		
Final examination grades:		Final examination date (month, day, year)	Graduation date (month, day, year)
Practical:	Written:		
Name of cosmetology school			School license number
Address of cosmetology school (number and street, city, state, ZIP code)			

PART I: SCHOOL CERTIFICATION

I do hereby certify and declare this transcript of training and progress report to be a correct and accurate record of the student enrolled at the school of cosmetology named below, and meets the requirements of the State Board of Cosmetology Examiners.

STATE OF _____ }
COUNTY OF _____ } SS:

Subscribed and sworn to before me this _____ day of _____, _____.

Signature of school official	Signature of Notary Public	
Printed or typed name of school official	Printed or typed name of Notary Public	
Date subscribed and sworn to Notary Public	County of residence	Date commission expires

ATTACH A PHOTOGRAPH THAT IS AT LEAST
2" X 3" IN SIZE TO THE AREA BELOW.

